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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/040,606
		Filing Date	December 28, 2001
		First Named Inventor	David A. Wyatt
		Art Unit	2195
		Examiner Name	Majid A. Banankhah
Total Number of Pages in This Submission	15	Attorney Docket Number	42390P10981

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;">Return Receipt Postcard</div>
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas M. Coester, Reg. No. 39,637 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	6/7/06

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Suzanne Johnston	
Signature		Date

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wif) 11/30/2005.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT**      **(\\$)**      **120.00**

Complete if Known	
Application Number	10/040,606
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Art Unit	2195
Attorney Docket No.	42390P10981

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s)  Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	32	32** =	0 X 50.00 =	\$0.00
Independent Claims	4	4** =	0 X 200.00 =	\$0.00
Multiple Dependent				

Fee Description				
Large Entity	Small Entity		Fee Code	Fee (\$)
1202 50	2202 25	Claims in excess of 20		
1201 200	2201 100	Independent claims in excess of 3		
1203 360	2203 180	Multiple Dependent claim, if not paid		
1204 790	2204 395	**Reissue independent claims over original patent		
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (1)			(\$)	0.00

\*\*or number previously paid, if greater. For Reissues, see below

### 2. ADDITIONAL FEES

Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051 130	2051 65			Surcharge - late filing fee or oath
1052 50	2052 25			Surcharge - late provisional filing fee or cover sheet
2053 130	2053 130			Non-English specification
1251 120	2251 60			Extension for reply within first month
1252 450	2252 225			Extension for reply within second month
1253 1,020	2253 510			Extension for reply within third month
1254 1,590	2254 795			Extension for reply within fourth month
1255 2,160	2255 1,080			Extension for reply within fifth month
1401 500	2401 250			Notice of Appeal
1402 500	2402 250			Filing a brief in support of an appeal
1403 1,000	2403 500			Request for oral hearing
1451 1,510	2451 1,510			Petition to institute a public use proceeding
1460 130	2460 130			Petitions to the Commissioner
1807 50	1807 50			Processing fee under 37 CFR 1.17(q)
1806 180	1806 180			Submission of Information Disclosure Stmt
1809 790	1809 395			Filing a submission after final rejection (37 CFR § 1.129(a))
1810 790	2810 395			For each additional invention to be examined (37 CFR § 1.129(b))

### Fee Paid

120.00

Other fee (specify)

SUBTOTAL (2)

(\$)

120.00

Complete (if applicable)

Name (Print/Type)	Thomas M. Coester	Registration No. (Attorney/Agent)	39,637	Telephone	(310) 207-3800
Signature	Thomas Coester			Date	6/17/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.  
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